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DATE: October 7, 2005

TO: Examiner CUFF, Michael A.
USPTO GPAU 3627

FAX NO.: 571-273-8300

FROM: John R. Schell /*man*
Reg. No. 50,776

RE: **PRE-APPEAL BRIEF REQUEST FOR REVIEW**

U.S. APP NO.: 09/497,773

FILING DATE: 02/03/2000

APPLICANT(S): Jerry E. Pierce

ATTY DKT NO.: 1007-0001

TITLE: **METHOD AND SYSTEM FOR OPTIMIZING MARKET
ACCESSIBILITY VIA AN ELECTRONIC NETWORK**

NO. OF PAGES (INCL. COVER SHEET): 8

MESSAGE:

Attached please find:

- ☒ PTO/SB/21 Transmittal Form (1 pg.)
- ☒ PTO/SB/31 Notice of Appeal (1 pg.)
- ☒ PTO/SB/33 Pre-Appeal Brief Request for Review (1 pg.)
- ☒ Remarks in Support of Pre-Appeal Brief Request for Review (4 pgs.)

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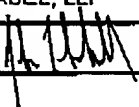
PTO/SB/21 (09-04)


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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/497,773	RECEIVED CENTRAL FAX CENTER OCT 12 2005
	Filing Date	02/03/2000	
	First Named Inventor	Jerry E. Pierce	
	Art Unit	3627	
	Examiner Name	CUFF, Michael A.	
Total Number of Pages in This Submission	7	Attorney Docket Number	1007-0001

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD <div style="border: 1px solid black; padding: 2px;">Remarks</div> Customer Number 34456	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Pre-Appeal Request for Review Remarks in Support of Pre-Appeal Request for Review
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	TOLER, LARSON & ABEL, LLP	
Signature		
Printed name	John R. Schell	
Date	10-11-05	Reg. No. 50,776

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